

**OUTPATIENT REHAB AGENCY
STATE WIDE THERAPY CEILINGS**

Effective July 1, 2003, the DMAS regulations at 12 VAC 30-80-200 provide for cost reporting based prospective rate reimbursement to Outpatient Rehab Agencies, excluding CORFs and those agencies operated by Community Service Boards (CSB). This reimbursement rate is limited to a ceiling rate for each of the three therapies, Physical Therapy, Speech Therapy and Occupational Therapy. This annual ceiling is established each July 1 and applies to the prospective cost reporting period that begins between July 1 and June 30 each fiscal year. The ceiling is adjusted by inflation each July 1 based on the inflation factor used for nursing facilities for that calendar year in progress.

The state wide ceilings effective for the prospective cost reporting periods beginning during the fiscal year from each July 1 and until the next June 30 are as follows:

	<u>Physical Therapy</u>	<u>Speech Therapy</u>	<u>Occupational Therapy</u>
July 1, 2003	79.66	81.13	91.68
July 1, 2004	82.06	83.56	94.43
July 1, 2005	85.67	87.24	98.58
July 1, 2006	89.35	90.99	102.82